



# GRECO

## COMPETITION ENTRY FORM

(Please complete a separate form for each weight or style)  
**Waiver and Release from Liability MUST be signed to wrestle**

Name \_\_\_\_\_

Town \_\_\_\_\_ Club \_\_\_\_\_

USA Card Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr.

**Division: (Circle One)**      **Bantam**      **Intermediate**      **Novice**  
Cadet Junior Open      **Schoolboy**

Weight Class you want to wrestle \_\_\_\_\_

Entry Fee Paid: _____	Actual Weight _____
Collected By: _____	Weigh Master Initials _____

**Make checks payable to "Katy Athletic Booster Club"**  
**Please print the card # on the front of the check**

### Waiver and Release from Liability

1. I \_\_\_\_\_ the undersigned, on behalf of myself my heirs and next of kin, personal representatives, agents, Insurers, successors and assign (all herein after "Releaser") hereby FOREVER RELEASE DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its Insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice of activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past present or future, direct or consequential that I may hereafter have for PERSONAL INJURY PERMANENT TEMPORARY TOTAL OR PARTIAL DISABILITY DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in , attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to LOSS CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releaser understands and acknowledges the USA Wrestling activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASER EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASES, or hidden latent or obvious defects in the facilities or equipment.

3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet practice or activity, Including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from Releaser's own actions, inactions or negligence, but also from the actions inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities, which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

Participant's signature \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

The undersigned, \_\_\_\_\_ does hereby represent that he/she is in fact, the parent or legal guardian of \_\_\_\_\_ and acting in such capacity agrees to the terms and conditions of the above slated waiver and release.

Signature of parent or legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Print Name \_\_\_\_\_